



## 2012 DECLARATION OF ADDITIONAL OWNERS, PARTNERS OR OFFICERS

TYPE OR PRINT CLEARLY.

BUSINESS NAME (Same as on form FG317)

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---

FIRST NAME	MI.	LAST NAME			
TITLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
MAILING ADDRESS		HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	DAY TELEPHONE (Voluntary) ( )		

---